CLINICAL PRACTICE

# Cervical Dystonia in Modigliani's Paintings: The Clue Was the Sensory Trick

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We read with interest the paper by Newby at al., published recently in MDCP, "A History of Dystonia: Ancient to Modern," about Modigliani's "Portrait of Jeanne Hebuterne in a Large Hat." In fact, we had previously suggested that this painting showed an example of a sensory trick for cervical dystonia (Supporting Figure S1). Now, here we share further evidence to confirm that this lady, common-law wife, and muse of the painter indeed had cervical dystonia.

In several Modigliani's paintings, Jeanne shows unequivocal signs of cervical dystonia at rest (Supporting Figure S2), with two typical sensory tricks: either touching her chin with a finger (Supporting Figure S1) or with her arm around her neck (Supporting Figure S3). That she had clear cervical dystonia is evident on reviewing Jeanne's photographs which we present here (Figure 1; Supporting Figure S4), in which signs of cervical dystonia (a lateral shift, with right laterocollis and left torticaput) can be easily appreciated. Modigliani possessed a masterful ability to capture the essence of his models. Those who posed for him said that it was as if they were laid bare to the soul. He observed and described reality precisely as shown in these paintings.<sup>3,4</sup> The main point is that the abnormal postures that Modigliani described in his painting were an actual depiction of reality (not fashion) and that the photographs shown here confirm this fact. He was depicting real cervical dystonia in his model.

### **Author Roles**

1. Research Project: A. Conception, B. Organization, C. Execution; 2. Statistical Analysis: A. Design, B. Execution, C. Review and Critique; 3. Manuscript Preparation: A. Writing the First Draft, B. Review and Critique.

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FIG. 1. Photograph of Jeanne Hebuterne which evident signs of cervical dystonia (a lateral shift, with right laterocollis and left torticaput).

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#### References

- Newby RE, Thorpe DE, Kempster PA, Alty JE. A History of dystonia: ancient to modern. Mov Disord Clin Pract 2017;4:478–485.
- Garcia-Ruiz PJ, Slawek J, Sitek EJ, Martinez Castrillo JC. Art and dystonia. J Neurol Sci 2015;356:49–54.
- 3. Ireson N, Fraquelli S. Modigliani. New York: Rizzoli Intl Pubn; 2017.
- 4. Krystof D. Modigliani. Köln: Taschen; 2017.

## **Supporting Information**

Supporting information may be found in the online version of this article.

**Figure S1**. Portrait of Jeanne Hebuterne in a large hat (1919). Cervical dystonia with a sensory trick 1919

Figure S2. Jeanne Hebuterne with hat and necklace (1919)

Figure S3. Modigliani Portrait of Jeane Hebuterne, Left Arm behind Head (1919). Well-known sensory trick

**Figure S4**. Photograph of Jeane Hebuterne which evident signs of cervical dystonia.